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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764529 (4)

1. Corporation Name
THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4600 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 4800 A1A SOUTH ST. AUGUSTINE FL 32084-9478
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/11/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2250739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JONES, KATHERINE G.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LIPSETT, LLOYD
STREET ADDRESS	1093 A1A BEACH BLVD., #256
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FORSTER, WILLIAM
STREET ADDRESS	4600 HWY, A1A, S, AV112
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COYNE, JACK
STREET ADDRESS	4600 HWY A1A S., CV 205
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PITTMAN, SUSI
STREET ADDRESS	4600 A1A SOUTH, PAC 106
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ALGER, CLARK H.
STREET ADDRESS	1537 WITHEMERE WAY
CITY-ST-ZIP	DUNWOODY GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas Ingle
5.3 STREET ADDRESS	4600 A1A South, PAC 108
5.4 CITY-ST-ZIP	St. Augustine FL 32084
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P Anne Stasiowski
6.3 STREET ADDRESS	4600 A1A South, CV 115
6.4 CITY-ST-ZIP	St. Augustine FL 32084

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Forster* **5-8-97** 904/471-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001351

CFR2E037 (9/96)